

DRAFT REASONABLE ACCOMMODATION POLICY AND SAMPLES OF REASONABLE ACCOMMODATION METHODS

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| PUBLIC HOUSING AUTHORITY DRAFT REASONABLE ACCOMMODATION POLICY AND PROCEDURES |
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POLICY STATEMENT

PHA is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of PHA's programs, services and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a PHA policy, PHA will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the PHA will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non-housing) or activity.

PHA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located in _____; the Regional Offices of the PHA; the offices of PHA's private management companies; and, the management office in each public housing development. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the PHA's Section 504/ADA Coordinator.

LEGAL AUTHORITY

The PHA is subject to Federal civil rights laws and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. See Section 504 of the Rehabilitation Act of 1973 (Section 504)¹; Title II of the Americans with Disabilities Act of 1990 (ADA)²; the Fair Housing Act of 1968, as amended (Fair Housing Act)³; the Architectural Barriers Act of 1968⁴, and the respective implementing regulations for each Act.

¹ 29 U.S.C. § 794; 24 C.F.R. Part 8.

² 42 U.S.C. §§ 12101 *et seq.*

³ 42 U.S.C. §§ 3601-20; 24 C.F.R. Part 100.

⁴ 42 U.S.C. §§ 4151-4157.

MONITORING AND ENFORCEMENT

The PHA's Section 504/ADA Coordinator is responsible for monitoring PHA's compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact PHA's Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

Name of Section 504/ADA Coordinator

Address

Telephone Number

Dedicated Toll-Free Telephone Number

TDD/TTY Number – or State Relay Service Number

Facsimile Number

STAFF TRAINING

The Section 504/ADA Coordinator will ensure that all appropriate PHA staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

REASONABLE ACCOMMODATION

A person with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher and Moderate Rehabilitation Programs of PHA. The individual, PHA staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

APPLICATION OF REASONABLE ACCOMMODATION POLICY

The Reasonable Accommodation Policy applies to individuals with disabilities in the following programs provided by the PHA:

- (a) Applicants of public housing;
- (b) Applicants of all Housing Choice Voucher and Moderate Rehabilitation Programs;
- (c) Residents of public housing developments;
- (d) Participants of the Housing Choice Voucher and Moderate Rehabilitation Programs; and

- (e) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the PHA, its agents or contractors including all non-housing facilities and common areas owned or operated by the PHA.

PERSON WITH A DISABILITY

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- (a) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or
- (b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participating in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

EXAMPLES OF REASONABLE ACCOMMODATIONS⁵

Examples of reasonable accommodations may include, but are not limited to:

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aid to reside in an appropriately sized PHA unit;

⁵ PHA will also provide, as an attachment to the Reasonable Accommodation Policy, its “Examples of Reasonable Accommodations”, approved by the U.S. Department of Housing & Urban Development.

- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or resident meetings with PHA staff; or at resident meetings;
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. §§ 8.28 and 982.504 (b)(2).

PROCESSING OF REASONABLE ACCOMMODATION REQUESTS

The PHA will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the PHA will ensure that all reasonable accommodation requests will be reduced to writing. If needed as a reasonable accommodation, the PHA will assist the individual in completing the Request Form.

- (a) The PHA will provide all applicants with the Request Form as an attachment to the PHA application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. PHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.

- (c) PHA will provide all residents with the Request Form during the annual re-certification, and upon request. The PHA will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact the housing management office, including office of private management companies acting on behalf of PHA, within their housing development or the regional management office. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- (e) Within seven (7) business days of receipt, the housing management office, private management company or regional management office will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- (f) Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator, or the resident's regional or management office will respond to the Resident's Request.
- (g) If additional information or documentation is required, the Section 504/ADA Coordinator's office will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator's Office will provide the resident with the "Request for Information or Verification Form" ["Request for Information"], a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, PHA will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format. A copy of the "Letter Denying Request for Reasonable Accommodation(s)" and "Letter Approving Request for Reasonable Accommodation(s)" are attached.
- (i) If PHA approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- (j) If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding PHA's HUD-approved Grievance Procedures.
- (k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate regional housing

manager for implementation. All requests for reasonable accommodation that are approved by the regional housing manager will promptly be implemented or begin the process of implementation.

VERIFICATION OF REASONABLE ACCOMMODATION REQUEST

PHA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, PHA may request that the individual provide suggested reasonable accommodations.

The PHA may verify a person's disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, the PHA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the PHA may not require specific details regarding the individual's disability. The PHA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The PHA may not require the individual to disclose the specific disability(ies); or the nature or extent of the individual's disability(ies).

The following may provide verification of a resident's disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the resident's Property Manager, including private management companies operating on behalf of PHA, will forward the recommendation, including all supporting documentation, to the PHA's Section 504/ADA Coordinator within seven (7) days of receipt.

DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)

Requested accommodations will not be approved if one of the following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the PHA public housing program;
- (c) An undue financial and administrative burden on PHA;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member.

TRANSFER AS REASONABLE ACCOMMODATION

PHA shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant, comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project, PHA may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, PHA shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the resident accepts the transfer, PHA will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, PHA shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of PHA's Tenant and Assignment Plan and any resident's rights thereunder.

HOUSING CHOICE VOUCHER AS REASONABLE ACCOMMODATION

- (1) When issuing a voucher as an accommodation, PHA must include a list of current available accessible units known to PHA, upon request. PHA will also provide search assistance. PHA may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. *See* 24 C.F.R. § 8.28.
- (2) Extensions beyond the maximum term of one hundred eighty (180) days are available as a reasonable accommodation to eligible individuals with disabilities. These extensions are subject to documentation that a diligent effort to locate a unit has been conducted considering any impediments to searching because of a family member's disability.
- (3) PHA may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount under the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. *See* 24 C.F.R. §§ 8.28 and 982.504(b)(2).
- (4) Upon request by an applicant, participant, or their representative, PHA will ask the HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant or the representative, must provide documentation of the need for the exception payment standard to PHA.

- (5) In exceptional cases, PHA may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

SERVICE OR ASSISTANCE ANIMALS

Residents of PHA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. PHA residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of PHA's Pet Policy.

RIGHT TO APPEAL/GRIEVANCE PROCESS

- (1) The public housing applicant or resident may file a complaint in accordance with PHA's HUD-approved Grievance Procedure following a formal determination by the PHA's ADA/504 Coordinator.
- (2) The Housing Choice Voucher and Moderate Rehabilitation Program participant and applicant complainant may file a complaint in accordance with PHA's HUD-Approved Grievance Procedure following a formal determination by the PHA's ADA/504 Coordinator.
- (3) An applicant or resident may, at any time, exercise their right to appeal a PHA decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

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| <p>PUBLIC HOUSING AUTHORITY REQUEST FOR REASONABLE ACCOMMODATION</p> |
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You may utilize this form to request that the Public Housing Authority (PHA) provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the PHA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the PHA's Section 504/ADA Coordinator.

Date of Request

Social Security Number

Name of Applicant/Resident/Participant

Telephone Number

Address

City/State/Zip Code

1. I am requesting the following reasonable accommodation(s): _____

2. I am requesting the reasonable accommodation(s) on behalf of: (name): _____

3. My reason(s) for requesting this reasonable accommodation: _____

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The Public Housing Authority will work with you to determine how to fulfill your reasonable accommodation request. The Public Housing Authority may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

- ☐ I wish to have modifications made to my current unit only
- ☐ I would consider moving to a unit that is currently modified, but only within my current development
- ☐ I would consider moving to a unit that is currently modified, even in another development

Signature of Applicant/Resident/Participant

Date

**PUBLIC HOUSING AUTHORITY
VERIFICATION OF DISABILITY**

Name: _____

Date: _____

Address: _____

Dear Resident/Applicant:

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a Public Housing Authority residence, facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

Please take this letter, the attached *Authorization for Release of Information* and the enclosed pre-addressed envelope to your health care provider or other appropriate individual, clinic or agency.

The Public Housing Authority will use this information to evaluate your request for a reasonable accommodation. The Public Housing Authority will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

MODIFICATION/ACCOMMODATION REQUESTED:

**PUBLIC HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION
REGARDING REASONABLE ACCOMMODATION(S) REQUEST**

RE: Household member with disability: _____

I hereby authorize **[Insert name of health care provider or other appropriate documenting authority]** to consult with representatives of the Public Housing Authority, in writing, in person, or by telephone concerning the physical or mental impairment(s) that I assert to qualify as a individual with a disability for the sole purpose of this reasonable accommodation request.

I hereby authorize the release of information to the Public Housing Authority regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

This Authorization solely authorizes the release of information necessary to verify the following:

- 1. Documentation necessary to verify that the above-named individual meets the definition of a “qualified individual with a disability”, as defined below;**
- 2. A description of the needed reasonable accommodation(s); and,**
- 3. A description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s).**

For purposes of this Release, a “Qualified Individual With a Disability” is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

“A Physical or Mental Impairment” is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; **or**
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

The term “Physical or Mental Impairment” includes, but is not limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

“Major Life Activities” include functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

“Has a Record of Such an Impairment (mental or physical)” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is Regarded As Having an Impairment” means:

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, **but** is treated by a recipient as constituting such a limitation.
2. Has a physical or mental impairment that substantially limits one or more major life activities **only as a result of** the attitudes of others toward the impairment.
3. Has none of the impairments defined by Section 504’s definition of “physical or mental impairment, **but** is treated by a recipient as having such an impairment.

In addition, I authorize **[Insert name of health care provider or other appropriate documenting authority]** to provide only documentation that is necessary to verify that I meet the definition of a “Qualified Individual with a Disability”, as defined above. This Authorization For Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does **not** authorize the Public Housing Authority to examine my medical records, including diagnosis or test result(s); nor does this authorize the release of detailed information about the nature or severity of my disability. Any information or documentation released as a result of this Authorization shall be kept confidential and will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

Name of Family Member/Parent/Legal Guardian [Print]

Signature

Relationship to Resident

Date

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(1) Name of Health Care Provider/Documenting Authority:

(2) Address of Health Care Provider/Documenting Authority:

(3) Telephone Number of Health Care Provider/Documenting Authority:

(4) Facsimile Number of Health Care Provider/Documenting Authority:

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| <p>PUBLIC HOUSING AUTHORITY REQUEST FOR REIMBURSEMENT</p> |
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Remember to attach a completed “Request for Reasonable Accommodation” to this Request for Reimbursement

To Resident:

You should use this form if you made changes, at your expense, to your dwelling unit to accommodate the needs of a household member with a disability. You may be entitled to reimbursement for the expenses you incurred as a result of the modifications.

Please complete this form to report all changes you made to your unit, including the costs of those changes. Please also attach copies of any receipts or other verification of the changes you made to your unit and the expenses you incurred.

You must also complete and attach the “Request for a Reasonable Accommodation” in order to document that you or a household member is a qualified individual with a disability and needed the changes to the unit as a result of the disability.

Name of Resident Seeking Reimbursement: _____
Please Print

Property Name: _____

Address: _____

Name of Household Member with a Disability: _____

Please list all reasonable accommodation changes you made to your unit: _____

Please list all costs you incurred for each change you made to your unit: [Please attach all receipts or other verifications.] _____

Please remember that only modifications that you made as a result of the needs of you or a member of your household with a disability will be considered for reimbursement.

Thank you.

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| <p style="text-align: center;">PUBLIC HOUSING AUTHORITY APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION</p> |
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Date: _____

To: [Provide Applicant/Resident's Name & Address]

Dear Applicant or Resident:

We have received and approved your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**.

- _____ We will provide you with the requested accommodation(s) by **[date]**.
- _____ Although we have approved your request, we will not be able to complete your accommodations until **[date]** due to **[describe the reason(s) for the delay.]**

If you have any questions regarding this matter, please contact this office **[provide contact information]**.

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the Public Housing Authority Section 504/Coordinator at **[provide name, address, telephone number of Section 504/ADA Coordinator.]**

In addition, you may exercise your right to appeal a PHA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

Sincerely,

Name/Title
Public Housing Authority

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| <p style="text-align: center;">PUBLIC HOUSING AUTHORITY DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION</p> |
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Date: _____

To: [Provide Applicant/Resident's Name & Address]

Dear Applicant or Resident:

We have received your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**. Following our review of your request, we have denied your request for the following reason(s):

- _____ You do not meet the definition of a “qualified individual with a disability” as explained in the “Reasonable Accommodation Policy” and, therefore, we are not required to provide you with a reasonable accommodation.
- _____ We have determined that your request is not “reasonable” for the following reasons: **[describe specific basis for unreasonable determination]** _____

- _____ Your requested accommodation is structurally infeasible for the following reasons: **[describe reasons for structural infeasibility determination.]** _____

- _____ Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons: **[describe reasons for fundamental alteration determination.]** _____

- _____ Your requested accommodation would result in an undue financial and administrative burden for the PHA for the following reasons: **[describe reasons for undue financial and administrative burden determination.]** _____

Although we were unable to approve your specific reasonable accommodation request(s), we would like to meet with you to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate or attorney with you to meet with us. We would like to meet with you on **[insert date, time and location, including address, of proposed meeting.]** If you are unable to meet with us at this scheduled time, please contact our office at **[provide office telephone number]** to reschedule a mutually convenient date and time for the meeting.

If you disagree with our decision, you may contact Public Housing Authority Section 504/Coordinator at **[provide name, address, telephone number of Section 504/ADA Coordinator.]**

In addition, you may exercise your right to appeal a PHA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development
HUB Office
Address
City/State/Zip Code
Telephone: ()
Facsimile: ()
TDD/TTY Number:

Sincerely,

Name/Title
Public Housing Authority

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| <p style="text-align: center;">PUBLIC HOUSING AUTHORITY EXAMPLES OF REASONABLE ACCOMMODATION METHODS</p> |
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The following list of reasonable accommodation methods are examples of modifications that may constitute reasonable accommodations for individual PHA residents. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or in every development.

Section 504 states that the design, construction or alteration of buildings in conformance with §§ 3-8 of the Uniform Federal Accessibility Standards (UFAS), Appendix A to 24 C.F.R. § 40, shall be deemed to comply with the requirements of 24 C.F.R. §§ 8.21; 8.22; 8.23 and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), the PHA may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice Voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, PHA will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

Common Areas⁶ -

- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Provide accessible or adjustable closet rods and shelves
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment

⁶ Common Areas include, but are not limited to: PHA offices, including management and regional offices; private management company offices; community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Provide accessible cabinets and countertops in public kitchens
- Provide accessible appliances [i.e., refrigerator, oven, stove] in public kitchens

Elevators⁷ -

- Elevators shall be located on an accessible route
- Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. *See* UFAS §§ 4.10.1; 4.11

Building Entrances and Accessible Routes⁸ -

- Accessible signage;
- Add edge protection to ramps and ramp landings with drop-offs
- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closures
- Provide lever faucets in public restrooms
- Provide grab bars in public restrooms
- Provide accessible toilets in public restrooms
- Lower mirrors in public restrooms
- Provide extra electrical outlets for TDD/TTY equipment
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual alarms for individuals who are deaf or hard of hearing
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide an accessible route into a building

⁷ Accessible elevators shall be on an accessible route and shall comply with UFAS § 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979. *See* UFAS § 4.10; Figures 20, 22 and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. §§ 8.3 and 8.32 and UFAS § 4.3.

⁸ At least one (1) accessible route complying with UFAS § 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. *See* UFAS §§ 4.1.1(1); 4.3. In addition, UFAS requires that at least one (1) accessible route complying with UFAS § 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. *See* UFAS §§ 4.1.2(1); 4.3.

Trash Disposal Facilities –

- Provide accessible route into and through trash disposal facilities; or, provide an equally-effective accommodation such as personal trash disposal by housing staff

Laundry Facilities -

- Provide accessible route into and through common-use laundry facilities. Provide at least one (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities⁹; or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident's unit; or, provision of laundry services at PHA's expense

Mail Delivery/Mail Boxes -

- Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request; or, provide equally effective accommodation such as home delivery.¹⁰

Apartment Entrance and Interior Doors –

- Widen doors
- Provide accessible, lever-type door hardware
- Re-hang door to lay flat against a wall when opened
- Re-hang door to swing outward instead of into the accessible space
- Add or adjust door closure speed
- Adjust door opening force required for pushing/pulling the door
- Provide lower peep holes or “telescoped” peep holes
- Provide a visual door knocker for individuals with hearing impairments
- Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- Provide ramp from accessible route to accessible entrance into unit

⁹ If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS §§ 4.34.71 through 4.34.73.

¹⁰ “Cluster boxes”, common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox due to a disability, the customer may submit a request under the U.S. Postal Service’s “Hardship Clause” and request the relocation of the mailbox to a lower, accessible level. According to § 631.42 of the U.S. Postal Service “Postal Operations Manual”, the customer submits the “Hardship Clause” request directly to his/her postal delivery person; the delivery person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

Apartment Light Switches & Electrical Outlets

- Lower electrical switches and/or raise electrical outlets¹¹
- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Lower thermostat controls
- Lower circuit breakers, when located in unit

Apartment Interior -

- Provide extra electrical outlets for TDD/TTY equipment or other equipment utilized by individuals with disabilities
- Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit¹²
- Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS § 4.25; Fig. 38

Apartment Kitchens¹³ -

- Lower kitchen sink
- Provide lever type hardware on kitchen faucet
- Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
- Provide accessible kitchen counters and work space

If the following items are provided to non-disabled residents in a development:

- Provide accessible refrigerators. *See* UFAS § 4.34.6.8
- Provide accessible ovens. *See* UFAS § 4.34.6.7
- Provide accessible dishwashers. *See* UFAS § 4.34.6.9

¹¹ The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in §§ 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15" above the finish floor. *See* UFAS § 4.27.3

¹² If emergency warning systems are provided, they shall include both audible alarms complying with UFAS § 4.28.2 and visual alarms complying with UFAS § 4.28.3. *See* UFAS § 4.1.2 (13)

¹³ Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS § 4.34.6. However, the PHA will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

Apartment Bathrooms¹⁴ -

- Provide wider door
- Provide lever type hardware on lavatory faucet
- Lower wash basin
- Lower mirror
- Provide accessible toilet
- Relocate toilet paper dispenser
- Provide grab bars at toilet
- Provide grab bars at bathtub and/or shower
- Provide seat in bathtub or shower
- Provide hand-held shower device
- Relocate bathtub and/or shower controls
- Provide roll-in shower or shower/bathtub seat

¹⁴ Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS § 4.34.5. However, the PHA will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.